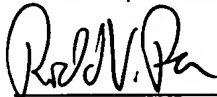




06-18-07

HFW

PATENT APPLICATION

| | | | | | | | |
|--|--|--------------------------------|---|--|-------------|--------------------------|-----------|
| FEE AUTHORIZATION / AMENDMENT TRANSMITTAL | | | | Attorney's Docket No: A-825 | | | |
| Serial No. 10/688,246 | Filing Date October 16, 2003 | Examiner Emily B. Barnhardt | Group Art Unit 1624 | | | | |
| In Re Application of Balan, et al | | | | | | | |
| For VANILLOID RECEPTOR LIGANDS AND THEIR USE IN TREATMENTS | | | | | | | |
| TO THE COMMISSIONER FOR PATENTS: | | | | | | | |
| <input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): | | | | | | | |
| <input type="checkbox"/> One month of original due date (\$120.00) | | | | | | | |
| <input checked="" type="checkbox"/> Two months of original due date (\$450.00) | | | | | | | |
| <input type="checkbox"/> Three months of original due date (\$1,020.00) | | | | | | | |
| <input type="checkbox"/> Four months of original due date (\$1,590.00) | | | | | | | |
| <input type="checkbox"/> Five months of original due date (\$2,160.00) | | | | | | | |
| <input checked="" type="checkbox"/> A response in connection with this matter: | | | | | | | |
| <input checked="" type="checkbox"/> is filed herewith. 06/18/2007 EHAILE1 00000020 010519 10680246 | | | | | | | |
| <input type="checkbox"/> has been filed. 01 FC:1252 450.00 DA | | | | | | | |
| <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. | | | | | | | |
| <input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. | | | | | | | |
| <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows: | | | | | | | |
| CLAIMS AS AMENDED | | | | | | | |
| (1) | (2) Claims remaining After amendment | (3) | (4) Highest number Previously paid for | (5) No. of Extra claims present | (6) Rate | (7) Additional Fee | |
| Total Claims | | Minus | = | | x \$50 | = \$ 0.00 | |
| Indep. Claims | | Minus | = | | x \$200 | = \$ 0.00 | |
| <input type="checkbox"/> First Appearance of a multiple dependent claim | | | | | + | \$360 | = \$ 0.00 |
| Total Additional Fee for this Amendment | | | | | | \$0.00 | |
| * If the entry in column 2 is less than the entry in column 4, write "0" in column 5. | | | | | | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. | | | | | | | |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. | | | | | | | |
| The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed. | | | | | | | |
| <input type="checkbox"/> The following other fees are incurred by the accompanying papers. | | | | | | | |
| <input type="checkbox"/> Other: _____ | | | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$450.00. A duplicate copy of this petition is attached. | | | | | | | |
| <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. | | | | | | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519. | | | | | | | |
| Please Send Future Correspondence To: | | | | | | | |
| 21069 | | | | | | | |
| U.S. Patent Operations/RVP | | | | | | | |
| Dept. 4300, M/S 28-2-C | | | | | | | |
| AMGEN INC. | | | | | | | |
| One Amgen Center Drive | | | | | | | |
| Thousand Oaks, California 91320-1799, USA | | | | | | | |
| | | | |  | | | |
| | | | | Richard V. Person | | | |
| | | | | Attorney/Agent for Applicant(s) | | | |
| | | | | Registration No.: 42,991 | | | |
| | | | | Phone: (805) 447-3299 | | | |
| | | | | Date: June 15, 2007 | | | |

EXPRESS MAIL CERTIFICATE

"Express Mail" mail labeling number:

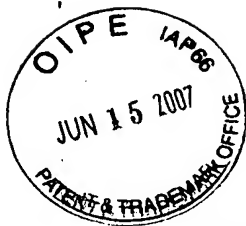
EL 732551043 US

Date of Deposit:

June 15, 2007

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-7450.

Karen Podgorny
Printed Name
Signature



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Balan et al.

Serial No.: 10/688,246

Group Art Unit No.: 1624

Filed: October 16, 2003

Examiner: Emily Barnhardt

For: VANILLOID RECEPTOR LIGANDS AND
THEIR USE IN TREATMENTS

Docket No.: A-825

AMENDMENT/RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This amendment is filed in response to the Office Action dated April 6, 2007.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 13 of this paper.

EXPRESS MAIL CERTIFICATE

"Express Mail" mail labeling number: EL 732551043 US

Date of Deposit: June 15, 2007

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Karen Podgorny
Printed Name

Karen Podgorny
Signature